

SPECIAL EVENT OR ACTIVITY REGISTER

TYPE OF ACTIVITY: _____

NAME OF ORGANIZATION: _____

CONTACT PERSON: _____ PHONE NO: _____

ADDRESS: _____

DATE OF EVENT: _____ Beginning Time: _____

Ending Time: _____

LOCATION: _____

NO. OF PEOPLE INVOLVED: _____ ARE CHILDREN INVOLVED? _____

YES NO

WILL PEOPLE BE GOING DOOR-TO-DOOR? _____

IF THE ACTIVITY INVOLVES STANDING AT A LOCATION,
HAVE THE PROPERTY OWNERS GIVEN PERMISSION? _____

IF THE EVENT IS A MOVING ACTIVITY, WHAT IS THE ROUTE TO BE TAKEN:

WILL THE ACTIVITY INVOLVE THE USE OF STREETS? _____
SIDEWALKS? _____
PARK LANDS? _____

IF THE ACTIVITY USES CITY PARK LANDS, HAS PARK AND RECREATION
BOARD APPROVAL BEEN GRANTED? _____

IS THIS A REQUEST FOR A STREET CLOSING? _____
IF SO, WHICH STREETS? _____
WHICH INTERSECTIONS? _____

WHO WILL GUIDE/ESCORT THE ACTIVITY? _____

IS PUBLIC SAFETY ASSISTANCE REQUESTED? _____
IS PUBLIC WORKS ASSISTANCE REQUESTED? _____

IF SO, HAVE THE NECESSARY ARRANGEMENTS BEEN MADE WITH THESE
DEPARTMENTS. _____

IF ACTIVITY IS HELD ON CITY PROPERTY, ASK IF A CERTIFICATE OF
INSURANCE OR HOLD HARMLESS FORM IS REQUIRED. _____